AFN #2009173703 Recorded 08/20/09 at 02:40 PM DocType: DEATH Filed by: SKAMANIA COUNTY TITLE COMPANY Page: 1 of 3 Auditor J. Michael Garvison Skamania County, WA

AFTER RECORDING MAIL TO:

Name Steven Charles Rayburn

Address 2430 S Springwood Ct.

City / State Lafayette, CO 80026

Scte 31344

Document Title(s): (or transactions contained therein)

1. CERTIFICATE OF DEATH
2.
3.
4.

REAL ESTATE EXCISE TAX *First American Title Insurance Company*

28148

AUG 20 2009

PAID Exempt

Cy deputy

SKAMANIA COUNTY TREASURER

(This space for title company use only)

Reference Number(s) of Documents assigned or released:

☐ Additional numbers on page _____ of document

Grantor(s): (Last name first, then first name and initials)

1. HENDRYX, DORIS ETHEL
2.
3.
4.
5. ☐ Additional names on page _____ of document

Grantee(s): (Last name first, then first name and initials)

1. STEVEN CHARLES RAYBURN AS SUCCESSOR TRUSTEE OF THE DORIS E. HENDRYX TRUST
2. DATED AUGUST 13, 2007
3.
4.
5. ☐ Additional names on page _____ of document

Abbreviated Legal Description as follows: (i.e. lot/block/plat or section/township/range/quarter/quarter)

S3 T3N R10E

☑ Complete legal description is on page 3 of document 6.5.

Assessor's Property Tax Parcel / Account Number(s): 03-10-03-0-0-0100-00
03-10-02-0-0-0200-00

WA-1

NOTE: *The auditor/recorder will rely on the information on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.*

CERTIFICATION OF VITAL RECORD

STATE OF COLORADO

COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

HOLD TO LIGHT TO VIEW WATERMARK

STATE OF COLORADO

CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Doris Ethel HENDRYX
2. SEX: Fe
3. DATE OF DEATH (Month, Day, Year): April 17, 2009
4. SOCIAL SECURITY NUMBER: [redacted]
5a. AGE - Last Birthday (Years): 90
5b. UNDER 1 YEAR (Mos. / Days): /
5c. UNDER 1 DAY (Hrs. / Mins.): /
6. DATE OF BIRTH (Month, Day, Year): May 25,1918
7. BIRTHPLACE (City and State or Foreign Country): White Salmon Washington
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
9a. PLACE OF DEATH (Check only one): HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☐ Residence ☒ Other (Specify) Hospice
9b. FACILITY NAME (If not institution, give street and number): Boulder Broomfield Hospice Care
9c. CITY, TOWN, OR LOCATION OF DEATH: Louisville
9d. COUNTY OF DEATH: Boulder
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Housewife
10b. KIND OF BUSINESS/INDUSTRY: Own Home
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Widowed
12. SPOUSE (If wife, give maiden name): Bethewel Hendry
13a. RESIDENCE-STATE: Colorado
13b. COUNTY: Boulder
13c. CITY, TOWN, OR LOCATION: Lafayette
13d. STREET AND NUMBER: 2430 S. Springwood CT.
13e. INSIDE CITY LIMITS? ☒ Yes ☐ No
13f. ZIP CODE: 80026
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - if yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes, Specify:
15. RACE: American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary or secondary (0 through 12) College (13 through 16 or 17+): 12

PARENTS

17. FATHER-NAME (First, Middle, Last): Stephen Frank Wuuk
18. MOTHER-NAME (First, Middle, Last (Maiden Name)): Leah May Bellinger
19. INFORMANT-NAME and relationship to deceased: Steven C. RAyburn (Son)

DISPOSITION

20a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Avalon Crematory
20c. LOCATION - City or Town, State: Lafayette, Colorado
21a. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH
21b. NAME AND ADDRESS OF FACILITY: Avalon Funeral Home, 1320 Centaur Village Dr., Lafayette, Colorado ZIP: 80026
22a. REGISTRAR'S SIGNATURE: Emma F. Snyder, Deputy
22b. DATE FILED (Month, Day, Year): April 20 2009
23. TIME OF DEATH: 0145 M
24. DATE PRONOUNCED DEAD (Month, Day, Year): April 17th 2009 0145 hour
25. WAS CORONER NOTIFIED? (Yes or No): Yes

CERTIFIER

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN

26. To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. Signature:
28. DATE SIGNED (Month, Day, Year): 4/18/09

TO BE COMPLETED BY CORONER

27. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place, and due to the cause(s) and manner as stated. Signature:
29. DATE SIGNED (Month, Day, Year):

30. NAME, TITLE AND MAILING ADDRESS OF CERTIFIER/CORONER (Type/Print): George STARK M.D. 1955 Plaza Dr. Louisville, Colorado ZIP: 80027
31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type/Print):

1 2 3 4 5

32. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner
33a. DATE OF INJURY (Month, Day, Year):
33b. TIME OF INJURY: M
33c. INJURY AT WORK? ☐ Yes ☐ No
33d. DESCRIBE HOW INJURY occurred:
33e. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify):
33f. LOCATION (Street and Number or Rural Route Number, City, County, State):

CAUSE OF DEATH

34. IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).] Do not enter mode of dying (e.g. Cardiac or Respiratory Arrest) alone.

PART I CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST (c)

(a) Pneumonia — DUE TO OR AS A CONSEQUENCE OF — Interval between onset and death: days
(b) Malignant Neo — DUE TO OR AS A CONSEQUENCE OF — Interval between onset and death: Months
(c) — Interval between onset and death

PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause in PART I (e.g., alcohol abuse, obesity, smoker).

35. AUTOPSY (Yes or No): No
36. IF YES were findings considered in determining cause of death?

APR 2 0 2009
DATE ISSUED

Ronald S. Hyman
RONALD S. HYMAN
STATE REGISTRAR

0042222154

REV 01/07

THIS IS A TRUE CERTIFICATION OF NAME AND FACTS AS RECORDED IN THIS OFFICE. Do not accept unless prepared on security paper with engraved border displaying the Colorado state seal and signature of the Registrar. PENALTY BY LAW, Section 25-2-118, Colorado Revised Statutes, 1982, if a person alters, uses, attempts to use or furnishes to another for deceptive use any vital statistics record. NOT VALID IF PHOTOCOPIED.

STATE OF COLORADO 1876

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

EXHIBIT 'A'

PARCEL I

Government Lots 1 and 2 in Section 3, Township 3 North, Range 10 East of the Willamette Meridian, in the County of Skamania, State of Washington.

Excepting therefrom the following:

1. That portion conveyed to Edmond C. Quigg by instrument recorded in Book 109, Page 841.

2. That portion conveyed to John R. Siders by instrument recorded in Book 144, Page 816.

3. Except that portion lying within County Roads.

PARCEL II

The South 40.03 feet of a tract of land in the Northwest Quarter of the Northwest Quarter of Section 2, Township 3 North, Range 10 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Beginning at a point on the West line of said Section 2, which is South 03°05'33" East 628.89 feet from the Northwest corner of said Section 2; thence North 03°05'33" West along the West line of said Section 2, a distance of 628.89 feet to the Northwest corner of said Section 2; thence North 89°52'00" East along the North line of said Section 2 a distance of 740.00 feet; thence South 03°05'33" East parallel with the West line of said Section 2 a distance of 632.62 feet; thence South 89°09'21" West parallel with the South line of the Northwest Quarter of the Northwest Quarter of said Section 2 a distance of 740.14 feet to the true point of beginning of this description.

Skamania County Assessor
Date 8/20/09 Parcel# 3-10-3=100
65 3-10-2-200